

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-022077

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5205

FILED MAY 27 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b <b>2 days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ERAL</b> Middle <b>OVEN</b> Last <b>POLLOCK</b>		4. DATE OF DEATH Month <b>May</b> Day <b>13</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-29-1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Marketing Specialist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>US Dept. of Agr.</b>	
11. BIRTHPLACE (City and state or country) <b>Campbell, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>L.D.C. Pollock</b>		13b. MOTHER'S MAIDEN NAME <b>Flora Porter</b>	
14. NAME OF HUSBAND OR WIFE <b>Vera Cooksey Pollock</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>Yes WWI</b>	
16. SOCIAL SECURITY NO. <b>5</b>		17. INFORMANT <b>Vera Pollock</b> Address <b>2510 Brentwood Springfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemorrhage of spleen with rupture of spleen</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Bone marrow failure (Pancytopenia)</b> DUE TO (c) <b>292.4</b>			<b>2 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? <b>YES</b> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Springfield, Mo.</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>9/4/62</b> to <b>5/13/63</b> and last saw him alive on <b>5/13/63</b> . Death occurred at <b>4:15 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>FRANK R. BRADLEY M.D.</b>		22b. ADDRESS <b>BARNES HOSPITAL</b>	
22c. DATE SIGNED <b>5/14/63</b>		22d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5-15-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
23d. FUNERAL DIRECTOR <b>Jewell E. Wendel P.H.,</b>		23e. ADDRESS <b>Springfield, Mo.</b>	
24. DATE RECD. BY LOCAL REG. <b>MAY 15 1963</b>		25. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Gene A. Hutchens*

Licensed Embalmer No. 4966

P. O. Address Flodissant, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.